

## REQUEST FOR VEHICLE/VESSEL AUTOMATED RECORD INFORMATION

DATE	PAGE NO.
ATTN	
VENDOR REQUESTER CODE	

**PLEASE PRINT OR TYPE — FORM MUST BE COMPLETED AND SUBMITTED IN DUPLICATE**

VENDOR NAME	TELEPHONE NO. (       )	VENDOR AGREEMENT NO.
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VEHICLE/VESSEL DESCRIPTION						INFO/SERVICE REQUESTED	
	User Requester Code (5 bytes)	User Agreement No. (6 bytes)	License/CF No. (7 bytes)	VIN/HIN Required for Lien Sale (17 bytes)	Automated History Years (4 bytes)	As of Date	Certify
1.							
2.							
3.							
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13.							
14.							
15.							

TOTAL NO. OF REQUESTS	REQUESTED BY (SIGNATURE)	DRIVER LICENSE/ID NO.
<b>DMV USE ONLY</b>	OPERATOR NO. AND DATE	VERIFIED BY TECH: DATE RECEIVED

**MAIL TO: DEPARTMENT OF MOTOR VEHICLES, ISB Commercial Operations H265, P. O. BOX 944247, SACRAMENTO, CA 94244-2470**  
 ORIGINAL AND ONE COPY TO DMV

